

DIETARY

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REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

Residents are to be served a snack if greater than 14 hours elapse between evening meal and breakfast. What food groups constitute a snack?

The Interpretive Guidelines for 483.35(f) refer to a "nourishing snack" which is an offering of items, single or in combination from the basic food groups. (Meat and poultry; fruit and vegetables; bread and cereal; milk and dairy products).

What is the appropriate manner in which to document a resident's intake of a nourishing snack?

There is no documentation requirement.

Is it acceptable to offer a snack or must a snack be prepared and delivered to each resident?

The regulation states that the facility must offer snacks at bedtime daily.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

How often should a registered dietitian make an entry in a resident record?

Although there is no regulatory requirement that specifies the frequency with which a consulting registered dietitian is to make notes in an individual resident's chart, the need to do so depends entirely upon the condition of the resident and the competencies of the dietary manager. Residents receiving tube feedings, with continued weight loss, renal failure, COPD, diabetes, and other high risk conditions may need to be documented by the dietitian at frequent intervals as dictated by resident needs. Licensure rule .2701(d) states: "The dietitian shall spend sufficient time in the facility to assure the following parameters of nutrition have been addressed and that recommended successful interventions have been met:

1. An analysis of weight loss or gain;
2. Laboratory values;
3. Clinical indicators of malnutrition;
4. Drug therapy that may contribute to nutritional deficiencies;
5. The amount of meal and supplement consumed to meet nutritional needs;
6. Increased nutritional needs related to disease state or deterioration in physical or mental status, i.e., decubitus, low protein status, inadequate intake, or nutrition provided via enteral or parenteral route."

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

When a physician orders "in between meal snacks" is this interpreted as two times a day or three times a day?

When a physician orders "in between meal snacks" it is not clear to the surveyor whether this means between breakfast and lunch and lunch and dinner or if this should also include between dinner and breakfast. The facility should clarify through policy or physician orders what the intent of the order is and follow this intent.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

May dining rooms have bowls of salt and pepper and sugar packets on the tables for regular diet residents as long as the special diet residents receive the appropriate packets on their trays?

Yes. Regulation does not prohibit this practice; however, facilities must ensure that residents receive the diet prescribed by the physician.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

Can volunteers feed residents?

Yes. The Interpretive Guidelines for Federal regulations found at 42 CFR §483.75(c), tag 493 state, “Volunteers are not nurse aides and do not come under nurse aide training provisions...” The facility must ensure the safety of its residents in all circumstances. Facility risk management measures, such as training volunteers, are not prescribed by regulation.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

Can family members feed residents who are either on a regular or a special diet without receiving training as required of nurse aides?

Yes.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

When serving trays in the dining room, is it a requirement to serve all residents at one table, then the next table and so on, or can trays be passed sporadically?

While it is not a regulation that all residents at that table be served simultaneously, it is a possible violation of quality of life if the tray delivery system poses a problem for residents. For example, an unserved resident may be observed trying to take food off another resident's tray or a resident may complain of being hungry and having to wait while a tablemate is already eating.

It is also part of the observations surveyors make for the dining and food service protocol. Surveyors must determine whether residents are being promptly assisted to eat or provided necessary assistance/cueing in a timely manner after their meal is served. They must note whether residents at the same table or in resident rooms, are being served and assisted concurrently.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

When feeding a dependent resident is it required that the tray be placed in front of (within view) of them?

There is no written regulation that a tray be placed within view of a dependent resident during feeding. However, it is good practice and common courtesy to allow residents to enjoy the sense of sight and smell as well as their sense of taste during meals. The feeding process should facilitate the mechanics of chewing and swallowing and enhance meal consumption which does occur when the tray is placed in front of the resident. The feeding process also needs to normalize the meal experience as much as practicable to ensure that the resident's rights and dignity are protected. The feeding process should be tailored to the specific needs, desires, and physical condition of each resident and may be addressed in the resident's care plan.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

Tube fed residents have a set number of cc intake ordered by the physician. In recording 24 hour intake on I&O records, a variance frequently appears. What is an acceptable variance? Example: 100 cc off in 24 hours on an order of 1800 cc of formula and 500 cc of water.

According to Interpretive Guidelines F328, 42 CFR §483.25(k)(2), "... (Allow flexibility up to 150 cc unless an exact fluid intake is critical for this resident)". This variance is for a 24-hour period.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

Is the following procedure acceptable for obtaining food temperatures upon resident receipt? Equipment - food thermometer (that has been cleaned with soap and water) and napkin/paper towel. Upon facility staff serving and setting up the tray for the resident, ask the resident for permission to take food temperatures. With the resident's permission check each food item, wiping the thermometer completely clean with the napkin/paper towel between food items. After the needle ceases to move record the temperature. After obtaining the temperatures wash the thermometer with soap and water, rinse well and dry.

Food temperatures upon resident receipt should be taken from a sample tray. If there is a special case in which a resident's tray is used to test food temperatures, the procedure listed above is acceptable. The thermometer needs to be cleaned once. If this thermometer is used for any application other than taking food temperatures upon resident receipt, the thermometer needs to be cleaned as stated above before putting it in a resident's food.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

What is adequate fluid intake for residents on Intake and Output?

Adequate fluid intake is dependent upon the individual resident's medical condition. The physician, nursing and dietary should perform assessments of the individual's need for fluid. The intake amounts must always be large enough to provide adequate hydration.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

How much time is acceptable between the serving of meals and the feeding of a resident? Is the critical point the time in which the feeding begins or when the resident finishes the meal?

There is not a specific time requirement in this area. Two related regulatory requirements must be considered and adhered to: proper food temperatures must be maintained, and no more than 14 hours may elapse between the evening meal and breakfast.

No regulations specify a maximum amount of time in which residents are to complete a meal. Some residents choose to eat at a slow pace, and have the right to do so.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

When serving trays in a room, is it permissible to give a tray to the self-feeding roommate before giving a tray to the roommate who needs assistance with eating in order to allow the self-feeding roommate to begin to eat as soon as possible? Would it make any difference if the privacy curtain were drawn?

With the following qualification, it is permissible to give a tray to the self-feeding roommate first. The qualification is that serving trays in this way should not be considered a problem by the roommates themselves. If both residents are alert and oriented, the reasons for serving the trays in this way should be explained to the roommates, including the fact that it is a requirement that proper food temperatures be properly maintained. They should be asked individually if they would consider this to be a problem, and whether they would prefer that the privacy curtain be drawn. If there is disagreement, staff should make every attempt to resolve it, and to tailor a solution to the particular situation. If one or both residents are not oriented and discussion is impossible, the trays may be served at different times. In such a case, staff should attempt to determine whether the residents are more comfortable with the privacy curtain drawn or not and act accordingly.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

If a tube fed resident is not receiving the amount of fluid recommended by a dietitian (as derived by an enteral nutritional assessment), what action should the surveyor take?

Failure to follow a dietary consultant's recommendation is not in and of itself a basis for citation. However in response to the example submitted a citation would occur if the surveyor determined upon review of the medical record and staff interview that one or more of the following had occurred:

- (1) There was no documented evidence that the recommendation by the dietitian was communicated to the physician and there was no system in place to ensure effective communication.
- (2) A physician's order had been received as a result of the recommendation but had not been carried out.
- (3) The frequency and severity of the identified situation(s) indicated that the resident's need had not been met.
- (4) There was no documented evidence of follow-up resident assessment should the physician elect not to accept the recommendation.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

What are proper food service temperatures to prevent food-borne illnesses?

The Food and Drug Administration instructions to surveyors found on form CMS-804 and Licensure Rule .2701(h) state, “Hot foods shall leave the kitchen (or steam table) above 140 degrees F; and cold foods below 41 degrees F; and freezer temperatures at 0 degrees F or below.”

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

Are there guidelines for cold food storage?

Yes. The Interpretive Guidelines for F371 42 CFR §483.35(h)(2) state that potentially hazardous foods should be stored at 41 degrees F or below and frozen foods kept at 0 degrees F or below. The US DHHS Public Health Service Food and Drug Administration FDA 2005 Food Code provides guidelines for cold food storage.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

If a resident's diet is mechanically altered (pureed-chopped) and tolerated well would you mark chewing or swallowing problem L1 on the MDS?

Yes, if the diet was altered for chewing and swallowing problems. The type of diet a resident is on does not determine whether or not there is a chewing or swallowing problem. The resident assessment instrument (RAI) defines a chewing problem as "the inability to chew food easily and without pain or difficulties, regardless of cause." A swallowing problem for example "may include frequent choking or coughing when eating or drinking, holding food in mouth for prolonged periods of time, or excessive drooling."

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

What are the qualifications for a facility's food service supervisor?

Licensure rule .2701(b) states: "The facility shall designate a person to be known as the director of food service who shall be responsible for the facility's dietetic service and for supervision of dietetic service personnel. If this person is not a dietitian, he or she shall meet the criteria for membership in the Dietary Managers Association which is hereby incorporated by reference including subsequent amendments and editions ... If the course has not been completed, this person shall be enrolled in a course and making satisfactory progress for completion within the time limit specified by course requirements."

Contact information for the Dietary Managers Association is:

Dietary Managers Association
406 Surrey Woods Dr
Saint Charles, IL 60174
www.DMAonline.org
630-587-6336

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

Considering the exorbitant award to the victim of a hot coffee incident at McDonald's, what is the position on the serving temperature of hot liquids to our frail residents? The agility of our residents certainly should not be as great as someone in the drive through. Should we post a disclaimer "Hot foods served hot?"

No. It is not necessary to post a warning that hot foods, including hot liquids, are served hot. Food must be prepared and served in accordance with principles of sanitation and resident's rights related to food service. Both the licensure rules and federal regulations require food to be served at the preferred temperatures as discerned by the resident and customary practice (Licensure rule .2701(h) and federal regulation 42 CFR §483.35(d)(2), Tag F364). In addition, the licensure rule cited requires food to be served in a form to meet the resident's individual needs and with assistive devices as dictated by the resident's needs.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

Weight fluctuations - must a facility notify the physician when an obese resident loses five pounds?

A facility should follow its own policy regarding notification of the physician of weight changes. Interpretive guidelines for F325 and F326 42 CFR §483.25 provide suggested parameters for evaluating significance of unplanned and undesired weight loss.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

Can non-perishable (not requiring refrigeration) cans of supplements that are unopened be returned to storage in the dietary department, i.e. shelved or refrigerator storage?

Unless the manufacturer's directions prohibit re-refrigeration, unopened non-perishable cans may be returned to storage from resident areas.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

DATE: March 2012

Does a facility need to dispose of unopened and unused snacks if they have been brought to the resident floor?

If the food item has not been contaminated, it is not expired and it has been held at safe temperatures, then it does not need to be thrown away. The facility's policy should address maintenance of safe and sanitary conditions so that staff, residents and families understand the expectations.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

Do you need a doctor's order to give dietary supplements to a resident who is on a regular diet?

There is no regulatory requirement for a physician's order for dietary supplements to be added to a regular diet. This practice is dependent upon facility policy and attending physician's preference.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

Is it acceptable for facilities to conduct cookouts and serve grilled foods to residents, family members, and staff?

Yes, providing the food is stored, prepared, distributed and served under sanitary conditions.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

DATE: March 2012

Is a facility required to add garnishments to a plate to enhance the palatability of a resident meal?

F 364 not only addresses palatability, but also attractiveness. Although the regulations do not require garnishments, if the menu has been planned with a garnish, then the expectation is that the garnish would be added.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

DATE: March 2012

Can a facility “document by exception” a resident’s intake percentage?

The facility should have specific policies and procedures on how the staff documents the record for the resident in all areas, not just dietary. The documentation should be reflective of the problems that are addressed in the care plan and how the resident is attaining these goals. The regulations do not specify modes of documentation. The medical record should contain sufficient information to determine what the plan of care is, how it is being implemented, and whether the goals are being met. At a minimum, there should be a quarterly note that addresses the progress of the plan.

REGULATORY FOCUS BULLETIN

FILE TOPIC: Dietary

Date: March 2012

Are there regulations that address what a facility needs to do about cleaning, a resident's personal refrigerator, putting dates on the food in a personal refrigerator and checking temperatures of a resident's personal refrigerator?

Facilities should have policies addressing the maintenance of a resident's personal refrigerator when the person is first allowed to bring the appliance to the facility. If facility staff have knowledge of unsafe food storage or risk of food born illness, then the staff must address the issue.